

2009 DRAFTING REQUEST

Bill

Received: **09/23/2008**

Received By: **rryan**

Wanted: **As time permits**

Identical to LRB:

For: **Administration-Budget 7-7980**

By/Representing: **Willing**

This file may be shown to any legislator: **NO**

Drafter: **tdodge**

May Contact:

Addl. Drafters:

Subject: **Health - social services**

Extra Copies:

Submit via email: **NO**

Pre Topic:

DOA:.....Willing, BB0090 -

Topic:

Family care eligibility, disability ombudsman, intensive treatment program charge-backs, rule-making changes

Instructions:

See attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	tdodge 11/14/2008	wjackson 11/25/2008		_____			
/P1			phenry 11/26/2008	_____	cduerst 11/26/2008		
/P2	tdodge 01/14/2009	wjackson 01/16/2009	mduchek 01/20/2009	_____	lparisi 01/20/2009		
	tdodge 01/23/2009	wjackson 01/23/2009		_____			
/P3	tdodge 01/30/2009	wjackson 01/30/2009	phenry 01/24/2009	_____	chanaman 01/25/2009		

Vers. Drafted Reviewed Typed Proofed Submitted Jacketed Required

/P4

rschluet _____
01/30/2009 _____

cduerst
01/30/2009

FE Sent For:

<END>

2009 DRAFTING REQUEST**Bill**Received: **09/23/2008**Received By: **rryan**Wanted: **As time permits**

Identical to LRB:

For: **Administration-Budget 7-7980**By/Representing: **Willing**This file may be shown to any legislator: **NO**Drafter: **tdodge**

May Contact:

Addl. Drafters:

Subject: **Health - social services**

Extra Copies:

Submit via email: **NO****Pre Topic:**

DOA:.....Willing, BB0090 -

Topic:

Family care eligibility, disability ombudsman, intensive treatment program charge-backs, rule-making changes

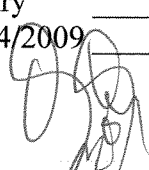
Instructions:

See attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	tdodge 11/14/2008	wjackson 11/25/2008					
/P1			phenry 11/26/2008		cduerst 11/26/2008		
/P2	tdodge 01/14/2009	wjackson 01/16/2009	mduchek 01/20/2009		lparisi 01/20/2009		
	tdodge 01/23/2009	wjackson 01/23/2009					
/P3			phenry 01/24/2009		chanaman 01/25/2009		

1/p4 wj 1/30



Vers. Drafted Reviewed Typed Proofed Submitted Jacketed Required

FE Sent For:

<END>

2009 DRAFTING REQUEST**Bill**Received: **09/23/2008**Received By: **rryan**Wanted: **As time permits**

Identical to LRB:

For: **Administration-Budget 7-7980**By/Representing: **Willing**This file may be shown to any legislator: **NO**Drafter: **tdodge**

May Contact:

Addl. Drafters:

Subject: **Health - social services**

Extra Copies:

Submit via email: **NO****Pre Topic:**

DOA:.....Willing, BB0090 -

Topic:

Family care eligibility and expansion, disability ombudsman, intensive treatment program charge-backs, rule-making changes

Instructions:

See attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	tdodge 11/14/2008	wjackson 11/25/2008					
/P1			phenry 11/26/2008		cdurst 11/26/2008		
/P2	tdodge 01/14/2009	wjackson 01/16/2009	mduchek 01/20/2009	<i>U</i> <i>py</i>	lparisi 01/20/2009		

FE Sent For:

*/p3 wly 1/23**1/24
Ph**SMY*
<END>

2009 DRAFTING REQUEST**Bill**Received: **09/23/2008**Received By: **rryan**Wanted: **As time permits**

Identical to LRB:

For: **Administration-Budget 7-7980**By/Representing: **Willing**This file may be shown to any legislator: **NO**Drafter: **tdodge**

May Contact:

Addl. Drafters:

Subject: **Health - social services**

Extra Copies:

Submit via email: **NO**

Pre Topic:

DOA:.....Willing, BB0090 -

Topic:

Family care eligibility and expansion, disability ombudsman, intensive treatment program charge-backs, rule-making changes

Instructions:

See attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	tdodge 11/14/2008	wjackson 11/25/2008		_____ _____			
/P1		/p2wlj 1/15	phenry 11/26/2008	_____ _____	cduerst 11/26/2008		

FE Sent For:

1/20
<END>

2009 DRAFTING REQUEST

Bill

Received: 09/23/2008

Received By: rryan

Wanted: As time permits

Identical to LRB:

For: Administration-Budget 7-7980

By/Representing: Willing

This file may be shown to any legislator: NO

Drafter: tdodge

May Contact:

Addl. Drafters:

Subject: Health - social services

Extra Copies:

Submit via email: NO

Pre Topic:

DOA:.....Willing, BB0090 -

Topic:

Family care eligibility and expansion, disability ombudsman, intensive treatment program chargebacks, rulemaking changes

Instructions:

See attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
--------------	----------------	-----------------	--------------	----------------	------------------	-----------------	-----------------

/?

tdodge

/pl wly 11/24

11
26
ph

11
12
ph / K
<END>

FE Sent For:

2009-11 Budget Bill Statutory Language Drafting Request

- Topic: Family Care Technical Changes
- Tracking Code: BB0090
- SBO team: Health and Insurance
- SBO analyst: Krista Willing
 - Phone: 267-7980
 - Email: krista.willing@wisconsin.gov
- Agency acronym: DHS
- Agency number: 435
- Priority (Low, Medium, High): Medium

Intent:

Make several technical changes to the Family Care statute to reflect current program design and administration. See attached document.

Family Care Statutory Technical Changes

Decision Needed

Should the Department request certain technical changes to the Family Care statute to reflect current program design and administration?

Background

Family Care offers managed long term care services to low income elders and adults with disabilities. The Department began operating Family Care in 2000 and is in the process of expanding it statewide.

The Department proposes several technical changes to Family Care statutes.

Current Language

Family Care statutes at ss. 46.2804 through s. 46.2895, s. 49.45, and s. 51.437. Current law and the proposed changes are described below.

Proposed Change

1. State Centers Intensive Treatment Program Chargebacks. S. 49.45(30m) requires counties to pay the non federal share of costs for individuals with developmental disabilities who are admitted to intensive treatment programs (ITP) at the state centers. Parallel language under s. 51.437(4rm)(a) and (c)2m requires counties to authorize all care for their clients in a state, local, or private facility and requires DHS to bill the county for ITP services provided to their clients.

These provisions have not been modified to reflect Family Care implementation. When Family Care is implemented, the Family Care managed care organization (MCO) assumes financial responsibility for services to individuals with developmental disabilities, and the state reallocates state, federal, and county service funds to the Family Care budget. Under current policy, the Department bills the MCO for the portion of the ITP rate that reflects Family Care services and bills Medicaid fee for service for the remainder of the rate.

Proposed Change: Modify ss. 49.45(30m) and 51.437(4rm)(a) and (c)2m to specify that, in counties where Family Care is implemented, the Family Care MCO will pay for ITP costs that are

part of the Family Care service package, and that the Department will bill Medicaid fee for service for the remainder of the costs.

2. *Disability Ombudsman.* 2007 Act 20 established s. 46.281(1n)(e), which requires the Department to contract for advocacy services for actual or potential recipients of the Family Care benefit who are under age 60 or for their families or guardians. Funding, however, was not provided to support this service. The statute requires the contract to "... include as a goal that the provider of advocacy services provides one advocate for every 2,500 individuals under age 60 who receive the Family Care benefit." The Department was also required to allocate \$190,000 for the contract in FY 08 and \$525,000 for each subsequent year. This language is outdated regarding the amount of the annual contract; the contract amount will change in each biennium based on projected Family Care caseload and staffing costs. In addition, providing in statute the goal of one advocate for every 2,500 individuals is overly prescriptive. Currently, ombudsmen for elders at the Board on Aging and Long Term Care are staffed at a ratio of one advocate for every 3,500 individuals. It is appropriate to establish this ratio for the disability ombudsmen program as well.

Proposed change: Eliminate the language regarding annual contract funding amounts. Also amend the language to provide a goal of one advocate to every 3,500 individuals.

3. *"Grandfathered" Eligibility:* When the Legislature established Family Care in 2000, it created a statutory provision that extended Family Care functional eligibility to certain individuals whose care needs were less than both the nursing home and non-nursing home levels of care. Section 46.286(1)(a)2 "grandfathered" into the program individuals who were below the non-nursing home level of care, but who, at the time Family Care was implemented in the county, lived in a nursing home or whose care needs were supported by the county through COP, a Medicaid Waiver program, the Alzheimer's family caregiver support program, Community Aids, or county funds. The individual would have to meet the usual Family Care financial eligibility standards. The Legislature added the provision as a safeguard to prevent service disruptions for any individuals whom the county might have been supporting, but whose long term care needs were too limited to qualify them for Family Care. Since 2000, a very small number of individuals (fewer than 10) have qualified for this provision. There are no current enrollees who qualified under this provision. Individuals with measurable, ongoing care needs are generally able to meet the non-nursing home level of care criteria. Eliminating the provision would simplify Family Care eligibility criteria and reduce the administrative burden on the Department.

Proposed change: Eliminate s. 46.286(1)(a)2

4. *Apply Family Care Statutes to All Managed Long Term Care:* Current law under s. 46.2804 through s. 46.2895 includes detailed provisions regarding Family Care eligibility, benefits, MCO operations, grievance and appeal procedures, Family Care districts, and other provisions. These provisions specifically exclude managed long term care programs that also integrate primary and acute care, Partnership and Program for All Inclusive Care (PACE). This is a legacy of the fact that the Department originally managed a small number of Partnership and PACE programs as demonstration programs, separate from Family Care. However, under statewide Family Care expansion, MCOs will offer either or both the traditional Family Care long term care benefit or an integrated benefit as had been offered by Partnership and PACE. It is important to have a uniform

statute that applies requirements consistently to Family Care enrollees receiving and MCOs providing either type of benefit programs.

Proposed change: Amend 46.2804 through s. 46.2895 so that the sections apply to MCOs providing either a long term care benefit or an integrated primary, acute, and long term care benefit.

5. *Technical changes to rulemaking statute.* S. 46.288(2) directs the Department to promulgate rules regarding the criteria and procedures for determining eligibility, cost sharing, and entitlement to the Family Care benefit. The paragraph also directs DHS to include in the rule definitions for various terms, including three terms that do not have applicability to the current program: "primary disabling condition," "mental illness," and "substance abuse services." These terms are not defined in the current Family Care rules and can be deleted from the statutes.

Proposed change: Delete ss. 46.288(2)(a),(b), and (c) to eliminate the terms "primary disabling condition," "mental illness," and "substance abuse services."

Desired Effective Date:	Upon passage
Agency:	DHS
Agency Contact:	Andy Forsaith
Phone:	266-7684

STATE OF WISCONSIN - LEGISLATIVE REFERENCE BUREAU

LRB

Research (608-266-0341)

Library (608-266-7040)

Legal (608-266-3561)

LRB

LRB-0376

Family care

7-7980

10/27/08

TC to Krista Willing @ DOA

Asked if she knew ~~that~~ whether
all CMOS had family care contract
or whether some just had contracts
for FACE & partnership.

She was not sure and said
★ I could talk to DHS - she
said Michael Pancoot would
be a good contact.

LRB

Research (608-266-0341)

Library (608-266-7040)

Legal (608-266-3561)

LRB

LRB-0376

10/27/08 TC ~~from~~^{to} Michael Pancoak

Asked him if there are CMOs that only have PACE & P'ship contracts or if all have family care contracts as well.

He will check & get back.

10/27/08 6-9364 ~~TC~~ Voice mail from Michael Pancoak
All MCOs that have a contract for PACE & Partnership have a family care contract as well.

11/5/08 TC to Michael Pancoak
PACE & P'ship would still exist after this draft only a care management org. would offer the type of benefit. ^{be able to}
Would eligibility requirements be the same?

For family care & for PACE & P'ship.
Family care would not offer an integrated benefit

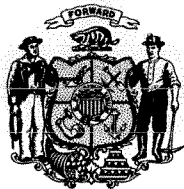
11/12/08 To w/ Michael Pancook
Family care, PACE, Partnership

Incorporate PACE & P'ship into
resource centers, CMO's, committees
- But -

leave eligibility for family care
just as it is w/out references
to PACE and P'ship.

Partnership eligibility varies
by managed care organization.

→ don't want to constrain Partnerships
to same eligibility as family care.



State of Wisconsin
2009 - 2010 LEGISLATURE

LRB-0376/?

TJD:.....

In: 11/14/08

wj
RMNR

DOA:.....Willing, BB0090 - Family care eligibility and expansion, disability ombudsman, intensive treatment program chargebacks, rulemaking changes

FOR 2009-11 BUDGET -- NOT READY FOR INTRODUCTION

D.N.

LPS: Please
fix request
sheet.

Do Not Gen

1 AN ACT ...; relating to: the budget.

Analysis by the Legislative Reference Bureau

HEALTH AND HUMAN SERVICES

LONG-TERM CARE

This is a preliminary draft. An analysis will be provided in a subsequent version.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

2 SECTION 1. 16.009 (2) (p) (intro.) of the statutes is amended to read:

3 16.009 (2) (p) (intro.) Employ staff within the classified service or contract with

4 one or more organizations to provide advocacy services to potential or actual

5 recipients of the family care benefit, as defined in s. 46.2805 (4), or an integrated

6 benefit, as defined in s. 46.2805 (7h), or their families or guardians. The board and

1 contract organizations under this paragraph shall assist these persons in protecting
2 their rights under all applicable federal statutes and regulations and state statutes
3 and rules. An organization with which the board contracts for these services may not
4 be a provider, nor an affiliate of a provider, of long-term care services, a resource
5 center under s. 46.283 or a care management organization under s. 46.284. For
6 potential or actual recipients of the family care benefit or an integrated benefit,
7 advocacy services required under this paragraph shall include all of the following:

History: 1981 c. 20; 1983 a. 524; 1985 a. 29; 1987 a. 27; 1989 a. 31, 294; 1991 a. 39, 232; 1993 a. 16, 205; 1995 a. 27 s. 9126 (19); 1997 a. 131; 1999 a. 9, 82, 86, 186; 2003 a. 33; 2007 a. 20 ss. 74, 9121 (6) (a).

8 **SECTION 2.** 16.009 (2) (p) 5. of the statutes is amended to read:

9 16.009 (2) (p) 5. Providing individual case advocacy services in administrative
10 hearings and legal representation for judicial proceedings regarding family care
11 services or benefits or an integrated benefit.

History: 1981 c. 20; 1983 a. 524; 1985 a. 29; 1987 a. 27; 1989 a. 31, 294; 1991 a. 39, 232; 1993 a. 16, 205; 1995 a. 27 s. 9126 (19); 1997 a. 131; 1999 a. 9, 82, 86, 186; 2003 a. 33; 2007 a. 20 ss. 74, 9121 (6) (a).

12 **SECTION 3.** 20.435 (7) (g) of the statutes is amended to read:

13 20.435 (7) (g) *Long-term care; county contributions.* All moneys received from
14 counties as contributions to the family care program under s. 46.2805 to 46.2895, the
15 ~~Pace program~~ Program of All-Inclusive Care for the Elderly as described under s.
16 46.2805 (1) (a) 46.2805 (9m), and the Wisconsin Partnership Program described
17 under s. 46.2805 (1) (b) 46.2805 (15), to fund services under the family care benefit
18 under s. 46.284 (5) and services under the Pace Program of All-Inclusive Care for the
19 Elderly and ^{the} Wisconsin Partnership ^{plain space} programs Program.

History: 1971 c. 125 ss. 138 to 155, 522 (1); 1971 c. 211, 215, 302, 307, 322; 1973 c. 90, 198, 243; 1973 c. 284 s. 32; 1973 c. 308, 321, 322, 333, 336; 1975 c. 39 ss. 153 to 173, 732 (1), (2); 1975 c. 41 s. 52; 1975 c. 82, 224, 292; 1975 c. 413 s. 18; 1975 c. 422, 423; 1975 c. 430 ss. 1, 2, 80; 1977 c. 29 ss. 236 to 273, 1657 (18); 1977 c. 112; 1977 c. 203 s. 106; 1977 c. 213, 233, 327; 1977 c. 354 s. 101; 1977 c. 359; 1977 c. 418 ss. 129 to 137, 924 (18) (d), 929 (55); 1977 c. 428 s. 115; 1977 c. 447; 1979 c. 32 s. 92 (11); 1979 c. 34, 48; 1979 c. 102 s. 237; 1979 c. 111, 175, 177; 1979 c. 221 ss. 118g to 133, 2202 (20); 1979 c. 238, 300, 331, 361; 1981 c. 20 ss. 301 to 356b, 2202 (20) (b), (d), (g); 1981 c. 93 ss. 3 to 8, 186; 1981 c. 298, 314, 317, 359, 390; 1983 a. 27 ss. 318 to 410, 2202 (20); 1983 a. 192, 199, 245; 1983 a. 333 s. 6; 1983 a. 363, 398, 410, 427; 1983 a. 435 ss. 2, 3, 7; 1983 a. 538; 1985 a. 24, 29, 56, 73, 120, 154, 176, 255, 281, 285, 332; 1987 a. 27, 339, 368, 398, 399, 402; 1987 a. 403 ss. 25, 256; 1987 a. 413; 1989 a. 31, 53; 1989 a. 56 ss. 13, 259; 1989 a. 102; 1989 a. 107 ss. 11, 13, 17 to 37; 1989 a. 120, 122, 173, 199, 202, 318, 336, 359; 1991 a. 6, 39, 189, 269, 275, 290, 315, 322; 1993 a. 16, 27, 76, 98, 99, 168, 183, 377, 437, 445, 446, 450, 469, 479, 490, 491; 1995 a. 27 ss. 806 to 961r, 9126 (19); 1995 a. 77, 98; 1995 a. 216 ss. 26, 27; 1995 a. 266, 276, 289, 303, 404, 417, 440, 448, 464, 468; 1997 a. 27 ss. 211, 214, 216, 217, 527 to 609; 1997 a. 35, 105, 231, 237, 280, 293; 1999 a. 5, 9, 32, 52, 84, 103, 109, 113, 133, 185, 186; 2001 a. 16, 69, 103, 105; 2003 a. 33, 139, 186, 318, 320, 326, 327; 2005 a. 15, 22; 2005 a. 25 ss. 299 to 331, 2498 to 2500, 2510; 2005 a. 74, 107, 199, 228, 264, 388, 406, 434; 2007 a. 20 ss. 331 to 422, 9121 (6) (a); 2007 a. 39, 88, 107, 111, 130; s. 13, 92 (2) (i).

20 **SECTION 4.** 46.2803 (2) of the statutes is amended to read:

1 46.2803 (2) Notwithstanding s. 46.27 (7), a county in which a care management
2 organization is operating pursuant to a contract under s. 46.284 (2) or a county in
3 which a program described under s. ~~46.2805 (1) (a) or (b)~~ [✓]46.2805 (9m) [✓]or (15) [✓]is
4 administered may use funds appropriated under 20.435 (7) (bd) and allocated to the
5 county under s. 46.27 (7) to provide community mental health or substance abuse
6 services and supports for persons with mental illness or persons in need of services
7 or supports for substance abuse and to provide services under the Family Support
8 Program under s. 46.985.

History: 1999 a. 9; 2007 a. 20 ss. 934, 1019, 1020, 9121 (6) (a).

9 **SECTION 5.** 46.2805 (1) (intro.) of the statutes is amended to read:

10 46.2805 (1) (intro.) "Care management organization" means an entity that is
11 certified as meeting the requirements for a care management organization under s.
12 46.284 (3) and that has a contract under s. 46.284 (2) ~~to provide the family care~~
13 ~~benefit, an integrated benefit, or both.~~ "Care management organization" does not
14 mean an entity that contracts with the department or a contract to operate one of the
15 following: ~~to provide the family care~~

16 **SECTION 6.** 46.2805 (1) (a) of the statutes is repealed.

17 **SECTION 7.** 46.2805 (1) (b) of the statutes is repealed.

History: 1999 a. 9, 185; 2003 a. 33; 2007 a. 20, 141.

18 **SECTION 8.** 46.2805 (7h) of the statutes is created to read:

19 46.2805 (7h) "Integrated benefit" means financial assistance for long-term
20 care and support items along with ³a financial assistance for either acute or primary
21 medical care or both for an enrollee.

22 **SECTION 9.** 46.2805 (9m) of the statutes is created to read:

LS:
Please
fix
comp.

renumbered 46.2805 (1) and

Strike

1 46.2805 (9m) "Program of All-Inclusive Care for the Elderly" means the
2 program operated under 42 USC 1395eee or 1396u-4 providing an integrated
3 benefit.

4 **SECTION 10.** 46.2805 (15) of the statutes is created to read:

5 46.2805 (15) "Wisconsin Partnership Program" means a Medical Assistance
6 demonstration program providing an integrated benefit.

7 ****NOTE: Please confirm whether this ^{is} the appropriate way to refer to the
8 Wisconsin Partnership Program.

9 **SECTION 11.** 46.281 (1d) of the statutes is amended to read:

10 46.281 (1d) WAIVER REQUEST. The department shall request from the secretary
11 of the federal department of health and human services any waivers of federal
12 medicaid laws necessary to permit the use of federal moneys to provide the family
13 care benefit or an integrated benefit to recipients of medical assistance. The
14 department shall implement any waiver that is approved and that is consistent with
15 ss. 46.2805 to 46.2895. Regardless of whether a waiver is approved, the department
16 may implement operation of resource centers, care management organizations, ~~and~~
17 the family care benefit and an integrated benefit.

History: 1999 a. 9; 2001 a. 103; 2005 a. 25, 386; 2007 a. 20.

18 ****NOTE: Would you like to repeal s. 46.281 (1d) as obsolete since the waiver has
19 been obtained and ~~has been~~ implemented?

20 **SECTION 12.** 46.281 (1g) (a) of the statutes is amended to read:

21 46.281 (1g) (a) Subject to par. (b), the department may contract with entities
22 as provided under s. 46.283 (2) to provide the services under s. 46.283 (3) and (4) as
23 resource centers in any geographic area in the state, and may contract with entities
24 as provided under s. 46.284 (2) to administer the family care benefit or an integrated

1 benefit or both as care management organizations in any geographic area in the
2 state.

3 History: 1999 a. 9; 2001 a. 103; 2005 a. 25, 386; 2007 a. 20.

3 SECTION 13. 46.281 (1g) (b) of the statutes is amended to read:

4 46.281 (1g) (b) If the department proposes to contract with entities to
5 administer the family care benefit ~~or~~^{an} integrated benefit in geographic areas in which,
6 in the aggregate, resides more than 29 percent of the state population that is eligible
7 for the family care benefit or an integrated benefit, the department shall first notify
8 the joint committee on finance in writing of the proposed contract. The notification
9 shall include the contract proposal[↓], and an estimate of the fiscal impact of the
10 proposed addition that demonstrates that the addition will be cost neutral, including
11 startup, transitional, and ongoing operational costs and any proposed county
12 contribution. The notification shall also include, for each county affected by the
13 proposal, documentation that the county consents to administration of the family
14 care benefit, an integrated benefit, or both in the county, the amount of the county's
15 payment or reduction in community aids under s. 46.281 (4), and a proposal by the
16 county for using any savings in county expenditures on long-term care that result
17 from administration of the family care benefit or integrated benefit in the county.
18 If the cochairpersons of the committee do not notify the department within 14
19 working days after the date of the department's notification that the committee has
20 scheduled a meeting for the purpose of reviewing the proposed contract, the
21 department may enter into the proposed contract. If within 14 working days after
22 the date of the department's notification the cochairpersons of the committee notify
23 the department that the committee has scheduled a meeting for the purpose of
24 reviewing the proposed contract, the department may enter into the proposed

1 contract only if the committee approves the proposed contract or if the committee
2 fails to act on the proposed contract within 59 working days after the date of the
3 department's notification.

History: 1999 a. 9; 2001 a. 103; 2005 a. 25, 386; 2007 a. 20.

4 **SECTION 14.** 46.281 (1n) (a) of the statutes is amended to read:

5 46.281 (1n) (a) Prescribe and implement a per person monthly rate structure
6 for costs of the family care benefit and an integrated benefit.

History: 1999 a. 9; 2001 a. 103; 2005 a. 25, 386; 2007 a. 20.

7 **SECTION 15.** 46.281 (1n) (b) 3. of the statutes is amended to read:

8 46.281 (1n) (b) 3. Conduct ongoing evaluations of managed care programs for
9 provision of long-term care services that are funded by medical assistance, as
10 defined in s. 46.278 (1m) (b), as to client access to services, the availability of client
11 choice of living and service options, quality of care, and cost-effectiveness. In
12 evaluating the availability of client choice, the department shall evaluate the
13 opportunity for a client to arrange for, manage, and monitor his or her family care
14 benefit or integrated benefit directly or with assistance, as specified in s. 46.284 (4)
15 (e).

History: 1999 a. 9; 2001 a. 103; 2005 a. 25, 386; 2007 a. 20.

16 **SECTION 16.** 46.281 (1n) (b) 4. of the statutes is amended to read:

17 46.281 (1n) (b) 4. Require that quality assurance and quality improvement
18 efforts be included throughout ~~the long-term care system specified in ss. 46.2805 to~~
19 ~~46.2895~~ family care benefit or integrated benefit services.

History: 1999 a. 9; 2001 a. 103; 2005 a. 25, 386; 2007 a. 20.

20 **SECTION 17.** 46.281 (1n) (c) of the statutes is amended to read:

21 46.281 (1n) (c) Require by contract that resource centers and care management
22 organizations establish procedures under which an individual who applies for or

- 1 receives the family care benefit ^{an} ~~or~~ integrated benefit may register a complaint or
2 grievance and procedures for resolving complaints and grievances.

3 History: 1999 a. 9; 2001 a. 103; 2005 a. 25, 386; 2007 a. 20.

3 **SECTION 18.** 46.281 (1n) (e) of the statutes is amended to read:

- 4 46.281 (1n) (e) Contract with a person to provide the advocacy services
5 described under s. 16.009 (2) (p) 1. to 5. to actual or potential recipients of the family
6 care benefit ^{an} ~~or~~ integrated benefit who are under age 60 or to their families or
7 guardians. The department may not contract under this paragraph with a county
8 or with a person who has a contract with the department to provide services under
9 s. 46.283 (3) and (4) as a resource center or to administer the family care benefit ~~or~~
10 ^{an} ~~or~~ integrated benefit as a care management organization. The contract under this
11 paragraph shall include as a goal that the provider of advocacy services provide one
12 advocate for every ~~2,500~~ 3,500 individuals under age 60 who receive the family care
13 ^{an} ~~or~~ integrated benefit. ~~The department shall allocate \$190,000 for the contract under~~
14 ~~this paragraph in fiscal year 2007-08 and \$525,000 in each subsequent fiscal year.~~

15 History: 1999 a. 9; 2001 a. 103; 2005 a. 25, 386; 2007 a. 20.

15 **SECTION 19.** 46.2825 (2) (a) [✓] of the statutes is amended to read:

- 16 46.2825 (2) (a) Evaluate the performance of care management organizations
17 ~~and entities that operate a program described under s. 46.2805 (1) (a) or (b)~~ [✓] ~~in the~~
18 committee's region with respect to responsiveness to recipients of their services,
19 fostering choices for recipients, and other issues affecting recipients; and make
20 recommendations based on the evaluation to the department and to the care
21 management organizations and entities, as appropriate.

22 History: 2007 a. 20 ss. 968, 970, 977.

22 **SECTION 20.** 46.2825 (2) (c) [✓] of the statutes is amended to read:

1 46.2825 (2) (c) Monitor grievances and appeals made to care management
2 organizations ~~or entities that operate a program described under s. 46.2805 (1) (a)~~
3 ~~or (b)~~ within the committee's region.

History: 2007 a. 20 ss. 968, 970, 977.

4 **SECTION 21.** 46.283 (1) (a) 1. of the statutes is amended to read:

5 46.283 (1) (a) 1. Whether to authorize one or more county departments under
6 s. 46.21, 46.215, 46.22 or 46.23 or an aging unit under s. 46.82 (1) (a) 1. or 2. to apply
7 to the department for a contract to operate a resource center and, if so, which to
8 authorize ~~and~~, what client group to serve, and whether to provide the family care
9 benefit, an integrated benefit, or both.

History: 1999 a. 9; 2001 a. 16, 103; 2003 a. 33; 2005 a. 25, 254, 264, 386, 388; 2007 a. 20 ss. 969, 971 to 973, 976, 978 to 991.

10 **SECTION 22.** 46.283 (3) (f) of the statutes is amended to read:

11 46.283 (3) (f) Assistance to a person who is eligible for the family care benefit
12 or an integrated benefit with respect to the person's choice of whether ~~or not~~ to enroll
13 in a care management organization and, if so, which available care management
14 organization would best meet his or her needs.

History: 1999 a. 9; 2001 a. 16, 103; 2003 a. 33; 2005 a. 25, 254, 264, 386, 388; 2007 a. 20 ss. 969, 971 to 973, 976, 978 to 991.

15 **SECTION 23.** 46.283 (4) (e) of the statutes is amended to read:

16 46.283 (4) (e) Provide information about the services of the resource center,
17 including the services specified in sub. (3) (d), about assessments under s. 46.284 (4)
18 (b) and care plans under s. 46.284 (4) (c) and about the family care benefit and
19 an integrated benefit, if available in the area, to all older persons and persons with a
20 physical disability who are residents of nursing homes, community-based
21 residential facilities, adult family homes and residential care apartment complexes
22 in the area of the resource center.

History: 1999 a. 9; 2001 a. 16, 103; 2003 a. 33; 2005 a. 25, 254, 264, 386, 388; 2007 a. 20 ss. 969, 971 to 973, 976, 978 to 991.

23 **SECTION 24.** 46.283 (6) (a) 3. of the statutes is amended to read:

1 46.283 (6) (a) 3. An individual who has a financial interest in, or serves on the
2 governing board of, a care management organization ~~or an organization that~~
3 ~~administers a program described under s. 46.2805 (1) (a) or (b)~~ ^{or} a managed care
4 program under s. 49.45 for individuals who are eligible to receive supplemental
5 security income under 42 USC 1381 to 1383c, which serves any geographic area also
6 served by a resource center, and the individual's family members, may not serve as
7 members of the governing board of the resource center.

History: 1999 a. 9; 2001 a. 16, 103; 2003 a. 33; 2005 a. 25, 254, 264, 386, 388; 2007 a. 20 ss. 969, 971 to 973, 976, 978 to 991.

8 **SECTION 25.** 46.283 (6) (a) 3. of the statutes is amended to read:

9 46.283 (6) (a) 3. An individual who has a financial interest in, or serves on the
10 governing board of, a care management organization ~~or an organization that~~
11 ~~administers a program described under s. 46.2805 (1) (a) or (b)~~ or a managed care
12 program under s. 49.45 for individuals who are eligible to receive supplemental
13 security income under 42 USC 1381 to 1383c, which serves any geographic area also
14 served by a resource center, and the individual's family members, may not serve as
15 members of the governing board of the resource center.

History: 1999 a. 9; 2001 a. 16, 103; 2003 a. 33; 2005 a. 25, 254, 264, 386, 388; 2007 a. 20 ss. 969, 971 to 973, 976, 978 to 991.

16 **SECTION 26.** 46.284 (1) (a) 1. of the statutes is amended to read:

17 46.284 (1) (a) 1. Whether to authorize one or more county departments under
18 s. 46.21, 46.215, 46.22 or 46.23 or an aging unit under s. 46.82 (1) (a) 1. or 2. to apply
19 to the department for a contract to operate a care management organization and, if
20 so, which to authorize ~~and~~, what client group to serve, and whether to provide the
21 family care benefit, ^{an} integrated benefit, or both.

History: 1999 a. 9; 2001 a. 16, 103; 2003 a. 33; 2005 a. 264, 386; 2007 a. 20.

22 **SECTION 27.** 46.284 (1) (b) of the statutes is amended to read:

23 46.284 (1) (b) The governing body of a tribe or band or of the Great Lakes
24 Inter-Tribal Council, Inc., may decide whether to authorize a tribal agency to apply

LPS: Please PWF

1 to the department for a contract to operate a care management organization for tribal
2 members and, if so, which client group to serve and whether to provide the family
3 care benefit, ^{an} integrated benefit, or both.

History: 1999 a. 9; 2001 a. 16, 103; 2003 a. 33; 2005 a. 264, 386; 2007 a. 20.

4 **SECTION 28.** 46.284 (2) (c) of the statutes is/amended to read:

5 46.284 (2) (c) ^(intro.) The department shall require, as a term of any contract with a
6 care management organization under this section, ^{plain space} that all of the following:

7 2. That the care management organization contract for the provision of
8 long-term care services that are covered under the family care or integrated benefit
9 with any community-based residential facility under s. 50.01 (1g), residential care
10 apartment complex under s. 50.01 (1d), nursing home under s. 50.01 (3),
11 intermediate care facility for the mentally retarded under s. 50.14 (1) (b), community
12 rehabilitation program, home health agency under s. 50.49 (1) (a), provider of day
13 services, or provider of personal care, as defined in s. 50.01 (4o), that agrees to accept
14 the reimbursement rate that the care management organization pays under contract
15 to similar providers for the same service and that satisfies any applicable quality of
16 care, utilization, or other criteria that the care management organization requires
17 of other providers with which it contracts to provide the same service.

History: 1999 a. 9; 2001 a. 16, 103; 2003 a. 33; 2005 a. 264, 386; 2007 a. 20.

18 **SECTION 29.** 46.284 (2) (c) 1. of the statutes is created to read:

19 46.284 (2) (c) 1. That the care management organization designate whether it
20 provides the family care benefit, an integrated benefit, or both.

21 **SECTION 30.** 46.284 (2) (c) 3. of the statutes is created to read:

22 46.284 (2) (c) 3. That the care management organization contract for the
23 provision of acute and primary care services that are covered under an integrated
24 benefit with a provider that agrees to accept the reimbursement rate that the care

1 management organization pays under contract to similar providers for the same
2 service and that satisfies any applicable quality of care, utilization, or other criteria
3 that the care management organization requires of other providers with which it
4 contracts to provide the same service.

5 **SECTION 31.** 46.284 (4) (a) of the statutes is amended to read:

6 46.284 (4) (a) Accept requested enrollment of any person who is entitled to the
7 family care benefit and of any person who is eligible for the family care benefit or an
8 integrated benefit, whichever the care management organization is contracted to
9 provide, and for whom funding is available. No care management organization may
10 disenroll any enrollee, except under circumstances specified by the department by
11 contract. No care management organization may encourage any enrollee to disenroll
12 in order to obtain long-term care services under the medical assistance
13 fee-for-service system. No involuntary disenrollment is effective unless the
14 department has reviewed and approved it.

History: 1999 a. 9; 2001 a. 16, 103; 2003 a. 33; 2005 a. 264, 386; 2007 a. 20.

****NOTE: Please note that I have treated only family care as an entitlement for certain individuals. I am presuming that an integrated benefit would not be an entitlement. If you would like to make an integrated benefit an entitlement I can make the change here and to s. 46.286 (3).

15 **SECTION 32.** 46.284 (4) (e) of the statutes is amended to read:

16 46.284 (4) (e) Provide, within guidelines established by the department, a
17 mechanism by which an enrollee may arrange for, manage, and monitor his or her
18 family care benefit or integrated benefit directly or with the assistance of another
19 person chosen by the enrollee. The care management organization shall provide
20 each enrollee with a form on which the enrollee shall indicate whether he or she has
21 been offered the option under this paragraph and whether he or she has accepted or
22 declined the option. If the enrollee accepts the option, the care management

1 organization shall monitor the enrollee's use of a fixed budget for purchase of services
2 or support items from any qualified provider, monitor the health and safety of the
3 enrollee, and provide assistance in management of the enrollee's budget and services
4 at a level tailored to the enrollee's need and desire for the assistance.

History: 1999 a. 9; 2001 a. 16, 103; 2003 a. 33; 2005 a. 264, 386; 2007 a. 20.

5 **SECTION 33.** 46.284 (4) (f) of the statutes is amended to read:

6 46.284 (4) (f) Provide, on a fee-for-service basis, case management services to
7 persons who are functionally eligible but not financially eligible for the family care
8 benefit ^{an} ~~or~~ integrated benefit.

History: 1999 a. 9; 2001 a. 16, 103; 2003 a. 33; 2005 a. 264, 386; 2007 a. 20.

9 **SECTION 34.** 46.284 (5) (a) of the statutes is amended to read:

10 46.284 (5) (a) From the appropriation accounts under s. 20.435 (4) (b), (g), (gp),
11 (im), (o), and (w) and (7) (b), (bd), and (g), the department shall provide funding on
12 a capitated payment basis for the provision of services under this section.
13 Notwithstanding s. 46.036 (3) and (5m), a care management organization that is
14 under contract with the department may expend the funds, consistent with this
15 section, including providing payment, on a capitated basis, to providers of services
16 under the family care benefit ^{an} ~~or~~ integrated benefit.

History: 1999 a. 9; 2001 a. 16, 103; 2003 a. 33; 2005 a. 264, 386; 2007 a. 20.

17 **SECTION 35.** 46.284 (5) (d) 4. of the statutes is amended to read:

18 46.284 (5) (d) 4. The requirement that a care management organization place
19 funds in a risk reserve and maintain the risk reserve in an interest-bearing escrow
20 account with a financial institution, as defined in s. 69.30 (1) (b), or invest funds as
21 specified in s. 46.2895 (4) (j) 2. or 3. Moneys in the risk reserve or invested as specified
22 in this subdivision may be expended only for the provision of services under this
23 section. If a care management organization ceases participation under this section,
24 the funds in the risk reserve or invested as specified in this subdivision, minus any

1 contribution of moneys other than those specified in par. (c), shall be returned to the
2 department. The department shall expend the moneys for the payment of
3 outstanding debts to providers of family care benefit or integrated benefit services
4 and for the continuation of family care benefit and integrated benefit services to
5 enrollees.

History: 1999 a. 9; 2001 a. 16, 103; 2003 a. 33; 2005 a. 264, 386; 2007 a. 20.

6 **SECTION 36.** 46.284 (5) (e) 1. of the statutes is amended to read:

7 46.284 (5) (e) 1. Subject to subd. 2., a care management organization may enter
8 into contracts with providers of family care benefit or integrated benefit services and
9 may limit profits of the providers under the contracts.

History: 1999 a. 9; 2001 a. 16, 103; 2003 a. 33; 2005 a. 264, 386; 2007 a. 20.

10 **SECTION 37.** 46.286 (title) of the statutes is amended to read:

11 **46.286 (title) Family care benefit and integrated benefit.**

History: 1999 a. 9, 185; 2001 a. 16, 109; 2003 a. 33; 2005 a. 25, 264, 388; 2007 a. 20.

12 **SECTION 38.** 46.286 (1) (title) of the statutes is ~~amended~~ ^{repealed and recreated} to read:

13 46.286 (1) (title) ~~ELIGIBILITY~~ ^{plain} FAMILY CARE ELIGIBILITY

History: 1999 a. 9, 185; 2001 a. 16, 109; 2003 a. 33; 2005 a. 25, 264, 388; 2007 a. 20.

14 **SECTION 39.** 46.286 (1) (a) (intro.) and 46.286 (1) (a) 1. (intro.) of the statutes
15 are consolidated, renumbered 46.286 (1) (a) (intro.) and amended to read:

16 46.286 (1) (a) *Functional eligibility.* (intro.) A person is functionally eligible
17 if ~~any of the following applies~~ the person's level of care need, as determined by the
18 department or its designee. ~~g~~ ^{No ff}

History: 1999 a. 9, 185; 2001 a. 16, 109; 2003 a. 33; 2005 a. 25, 264, 388; 2007 a. 20.

19 ~~46.286 (1) (a) 1.~~ ² (intro.) The person's level of care need is either of the following:

History: 1999 a. 9, 185; 2001 a. 16, 109; 2003 a. 33; 2005 a. 25, 264, 388; 2007 a. 20.

20 **SECTION 40.** 46.286 (1) (a) 1. a. of the statutes is renumbered 46.286 (1) (a) 1m.

21 **SECTION 41.** 46.286 (1) (a) 1. b. of the statutes is renumbered 46.286 (1) (a) 2m.

22 **SECTION 42.** 46.286 (1) (a) 2. (intro.) of the statutes is repealed.

1 SECTION 43. 46.286 (1) (a) 2. a. of the statutes is renumbered 46.286 (3) (b) 2.

2 a.

3 SECTION 44. 46.286 (1) (a) 2. b. of the statutes is renumbered 46.286 (3) (b) 2.

4 b.

5 SECTION 45. 46.286 (1) (a) 2. c. of the statutes is renumbered 46.286 (3) (b) 2.

6 c.

7 SECTION 46. 46.286 (1) (a) 2. d. of the statutes is renumbered 46.286 (3) (b) 2.

8 d.

9 SECTION 47. 46.286 (1) (a) 2. e. of the statutes is renumbered 46.286 (3) (b) 2.

10 e.

****NOTE: Please note that I have left the eligibility portion so it only addresses family care. If you would like eligibility provisions for Pace and partnership added, please let me know.

11 SECTION 48. 46.286 (2) (a) of the statutes is amended to read:

12 46.286 (2) (a) A person who is determined to be financially eligible under sub.

13 (1) ~~(b)~~ for family care, ^{the} Program of All-Inclusive Care for the Elderly, or ^{the} Wisconsin

14 Partnership Program shall contribute to the cost of his or her care an amount that

15 is calculated by the department or its designee after subtracting from the person's

16 gross income, plus one-twelfth of countable assets, the deductions and allowances

17 permitted by the department by rule.

History: 1999 a. 9, 185; 2001 a. 16, 109; 2003 a. 33; 2005 a. 25, 264, 388; 2007 a. 20.

18 SECTION 49. 46.286 (2) (b) of the statutes is amended to read:

19 46.286 (2) (b) Funds received under par. (a) shall be used by a care management

20 organization to pay for services under the family care benefit, ^{the} Program of

21 All-Inclusive Care for the Elderly, or ^{the} Wisconsin Partnership Program from

22 whichever program the person is receiving services.

History: 1999 a. 9, 185; 2001 a. 16, 109; 2003 a. 33; 2005 a. 25, 264, 388; 2007 a. 20.

1 SECTION 50. 46.286 (2) (c) of the statutes is amended to read:

2 46.286 (2) (c) A person who is required to contribute to the cost of his or her care
3 but who fails to make the required contributions is ineligible for the family care
4 benefit, ^{the} Program of All-Inclusive Care for the Elderly, and ^{the} Wisconsin Partnership
5 Program unless he or she is exempt from the requirement under rules promulgated
6 by the department.

History: 1999 a. 9, 185; 2001 a. 16, 109; 2003 a. 33; 2005 a. 25, 264, 388; 2007 a. 20.

7 SECTION 51. 46.286 (3) (title) of the statutes is ^{repealed and recreated} amended to read:

8 46.286 (3) (title) ~~ENTITLEMENT~~ ^{plain} FAMILY CARE ENTITLEMENT

History: 1999 a. 9, 185; 2001 a. 16, 109; 2003 a. 33; 2005 a. 25, 264, 388; 2007 a. 20.

9 SECTION 52. 46.286 (3) (b) 2. ^{renumbered 46.286 (3) (b) 2. (intro.) and} of the statutes is amended to read:

10 46.286 (3) (b) 2. ^(intro.) If the contract between the care management organization and
11 the department is canceled or not renewed. If this circumstance occurs, the
12 department shall assure that enrollees continue to receive needed services through
13 another care management organization or through the medical assistance
14 fee-for-service system or any of the following programs ~~specified under sub. (1) (a)~~
15 2. a. to d.

History: 1999 a. 9, 185; 2001 a. 16, 109; 2003 a. 33; 2005 a. 25, 264, 388; 2007 a. 20.

16 SECTION 53. 46.286 (3m) of the statutes is amended to read:

17 46.286 (3m) INFORMATION ABOUT ENROLLEES. The department shall obtain and
18 share information about family care benefit and integrated benefit enrollees as
19 provided in s. 49.475.

History: 1999 a. 9, 185; 2001 a. 16, 109; 2003 a. 33; 2005 a. 25, 264, 388; 2007 a. 20.

20 SECTION 54. 46.286 (4) of the statutes is amended to read:

21 46.286 (4) DIVESTMENT; RULES. The department shall promulgate rules relating ^{which are substantially similar to}

22 to prohibitions on divestment of assets of persons who receive the family care benefit ^{applicable provisions under s. 49.475}

~~or an integrated benefit that are substantially similar to applicable provisions under~~

~~s. 49.453.~~

History: 1999 a. 9, 185; 2001 a. 16, 109; 2003 a. 33; 2005 a. 25, 264, 388; 2007 a. 20.

SECTION 55. 46.286 (5) of the statutes is amended to read:

46.286 (5) TREATMENT OF TRUST AMOUNTS; RULES. The department shall
which are substantially similar to applicable provisions under s. 49.454;
promulgate rules relating to treatment of trust amounts of persons who receive the
family care benefit ~~or an integrated benefit that are substantially similar to~~
~~applicable provisions under s. 49.454.~~

History: 1999 a. 9, 185; 2001 a. 16, 109; 2003 a. 33; 2005 a. 25, 264, 388; 2007 a. 20.

SECTION 56. 46.286 (6) of the statutes is amended to read:

46.286 (6) PROTECTION OF INCOME AND RESOURCES OF COUPLE FOR MAINTENANCE
which are substantially similar to applicable provisions under s. 49.455;
OF COMMUNITY SPOUSE; RULES. The department shall promulgate rules relating to
protection of income and resources of couples for the maintenance of the spouse in
the community with regard to persons who receive the family care benefit ~~or an~~
~~integrated benefit that are substantially similar to applicable provisions under s.~~
~~49.455.~~ or an integrated benefit

History: 1999 a. 9, 185; 2001 a. 16, 109; 2003 a. 33; 2005 a. 25, 264, 388; 2007 a. 20.

SECTION 57. 46.286 (7) of the statutes is amended to read:

46.286 (7) RECOVERY OF FAMILY CARE BENEFIT PAYMENTS; RULES. The department
which are substantially similar to applicable provisions under ss. 49.496 to 49.497
shall promulgate rules relating to the recovery from persons who receive the family
care benefit or an integrated benefit, including by liens and from estates, of correctly
and incorrectly paid family care benefits ~~and integrated benefits that are~~
~~substantially similar to applicable provisions under ss. 49.496 and 49.497.~~

History: 1999 a. 9, 185; 2001 a. 16, 109; 2003 a. 33; 2005 a. 25, 264, 388; 2007 a. 20.

SECTION 58. 46.287 (1) of the statutes is amended to read:

1 46.287 (1) DEFINITION. In this section, "client" means a person applying for
2 eligibility for the family care benefit or an integrated benefit, an eligible person or
3 an enrollee.

History: 1999 a. 9; 2003 a. 33.

4 **SECTION 59.** 46.287 (2) (a) 1. e. of the statutes is amended to read:

5 46.287 (2) (a) 1. e. Reduction of services or support items under the family care
6 benefit or integrated benefit.

History: 1999 a. 9; 2003 a. 33.

7 **SECTION 60.** 46.287 (2) (a) 1. g. of the statutes is amended to read:

8 46.287 (2) (a) 1. g. Termination of the family care benefit or integrated benefit.

History: 1999 a. 9; 2003 a. 33.

9 **SECTION 61.** 46.287 (2) (a) 1. h. of the statutes is amended to read:

10 46.287 (2) (a) 1. h. Imposition of ineligibility for the family care benefit or
11 integrated benefit under s. 46.286 (4).

History: 1999 a. 9; 2003 a. 33.

12 **SECTION 62.** 46.287 (2) (a) 1. k. of the statutes is amended to read:

13 46.287 (2) (a) 1. k. Recovery of family care benefit or integrated benefit
14 payments under s. 46.286 (7).

History: 1999 a. 9; 2003 a. 33.

15 **SECTION 63.** 46.288 (2) (intro.) of the statutes is amended to read:

16 46.288 (2) (intro.) Criteria and procedures for determining functional
17 eligibility under s. 46.286 (1) (a), financial eligibility under s. 46.286 (1) (b), and cost
18 sharing under s. 46.286 (2) (a). The rules for determining functional eligibility under
19 s. 46.286 (1) (a) 1. a. 46.286 (1) (a) 1m. shall be substantially similar to eligibility
20 criteria for receipt of the long-term support community options program under s.
21 46.27. Rules under this subsection shall include definitions of the following terms
22 applicable to s. 46.286:

History: 1999 a. 9; 2007 a. 20.

23 **SECTION 64.** 46.288 (2) (a) of the statutes is repealed.

1 **SECTION 65.** 46.288 (2) (b) of the statutes is repealed.

2 **SECTION 66.** 46.288 (2) (c) of the statutes is repealed.

3 **SECTION 67.** 46.2895 (1) (a) 1. b. of the statutes is amended to read:

4 46.2895 (1) (a) 1. b. Specifies the long-term care district's primary purpose,
5 which shall be to operate, under contract with the department, a resource center
6 under s. 46.283, or a care management organization under s. 46.284, ~~or a program~~
7 described under s. 46.2805 (1) (a) ~~or (b)~~.

History: 1999 a. 9, 185; 2001 a. 30; 2005 a. 25, 264; 2007 a. 20 ss. 1021 to 1073, 9121 (6) (a).

8 **SECTION 68.** 46.2895 (1) (c) of the statutes is amended to read:

9 46.2895 (1) (c) A long-term care district may not operate a care management
10 organization under s. 46.284 ~~or a program described under s. 46.2805 (1) (a) or (b)~~
11 if the district operates a resource center under s. 46.283.

INSERT 18-11 →

History: 1999 a. 9, 185; 2001 a. 30; 2005 a. 25, 264; 2007 a. 20 ss. 1021 to 1073, 9121 (6) (a).

12 **SECTION 69.** 46.2895 (4) (dm) of the statutes is repealed.

13 **SECTION 70.** 46.2895 (4) (e) of the statutes is amended to read:

14 46.2895 (4) (e) Provide services related to services available under the family
15 care benefit or an integrated benefit, to older persons and persons with disabilities,
16 in addition to the services funded under the contract with the department that is
17 specified under par. (d).

INSERT 18-17 →

History: 1999 a. 9, 185; 2001 a. 30; 2005 a. 25, 264; 2007 a. 20 ss. 1021 to 1073, 9121 (6) (a).

18 **SECTION 71.** 49.45 (30m) (am) of the statutes is renumbered 49.45 (30m) (am)

19 1.0

20 **SECTION 72.** 49.45 (30m) (am) 2. of the statutes is created to read:

21 49.45 (30m) (am) 2. For individuals receiving the family care benefit under s.
22 46.286, the care management organization that manages the family care benefit for
23 the recipient shall pay the portion of the payment that is not covered by the federal
24 government for services that are described under par. (a) 1. and are covered services

① under the family care benefit; and the department shall pay the remainder of the
2 portion of the payment that is not covered by the federal government.

3 **SECTION 73.** 49.475 (1) (e) 2. of the statutes is amended to read:

4 49.475 (1) (e) 2. An enrollee of family care, the Program of All-Inclusive Care
5 for the Elderly as defined in 46.2805 (9m), or ^{the} Wisconsin Partnership Program as
6 defined in 46.2805 (15). S.

7 History: 1991 a. 39; 1999 a. 9; 2007 a. 20 ss. 1610 to 1626, 9121 (6) (a).

8 **SECTION 74.** 50.49 (6m) (b) of the statutes is repealed.

9 **SECTION 75.** 50.49 (6m) (c) of the statutes is repealed.

10 **SECTION 76.** 51.437 (4rm) (d) of the statutes is created to read:

11 51.437 (**4rm**) (d) Notwithstanding pars. (a) to (c), for individuals receiving the
12 family care benefit under s. 46.286, the care management organization that manages
13 the family care benefit for the recipient shall pay the portion of the payment that is
14 not covered by the federal government for services that are covered services under
15 the family care benefit; and the department shall pay the remainder of the portion
of the payment that is not covered by the federal government.

5. ****NOTE: Is the addition of this paragraph sufficient? If you feel that each
paragraph under 51.437 (4rm) needs to be amended, please let me know more specifically
what services and payments need to be addressed.

16 (END)

2009-2010 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-0376/P1ins
TJD:.....

INSERT 18-11

1 **SECTION ~~4~~** 46.2895 (4) (b) of the statutes is amended to read:
2 46.2895 (4) (b) Adopt bylaws and policies and procedures for the regulation of
3 its affairs and the conduct of its business. The bylaws, policies and procedures shall
4 be consistent with ss. 46.2805 to 46.2895 and, if the long-term care district contracts
5 with the department under par. (d) ~~or (dm)~~, with the terms of that contract.

END INSERT 18-11

INSERT 18-17

6 **SECTION ~~2~~** 46.2895 (6) (c) of the statutes is amended to read:
7 46.2895 (6) (c) Assure compliance with the terms of any contract with the
8 department under. sub. (4) (d) ~~or (dm)~~.

END INSERT 18-17

Lps: Please
PWF

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-03767dn

TJD:.....

WJ

To Krista Willing:

Please review this preliminary draft to see if it complies with your intent. Also please review the additional notes within the draft.

I spoke to Michael Pancook of DHS about the ^{the} interaction of the family care program with the program of all-inclusive care for ~~elderly~~ (PACE), and the Wisconsin partnership program in the care management organizations. He said that all care management organizations ~~that are~~ providing either the PACE or partnership program benefits also have a contract to provide family care. He also stated that PACE and partnership will continue to exist through the family care expansion, but PACE and partnership do have different eligibility requirements ~~than~~ ^{from} family care. You may want to confirm with Michael Pancook or someone from DHS that this draft complies with what their budget request intended. *

Please note that I changed some cross-references to family care in other sections of the statutes to reflect an expanded ability to provide PACE and partnership, which I am calling an "integrated benefit." I did not change all statutory references to family care to incorporate the integrated benefit. For example, I did not change the references in chapter 20 regarding the appropriations to family care and the other programs. Please advise as to whether I should make changes to references to family care throughout the statutes. †

Should you have any questions or comments on the draft, please contact me.

Tamara J. Dodge
Legislative Attorney
Phone: (608) 267-7380
E-mail: tamara.dodge@legis.wisconsin.gov

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-0376/P1dn
TJD:wlj:ph

November 26, 2008

To Krista Willing:

Please review this preliminary draft to see if it complies with your intent. Also please review the additional notes within the draft.

I spoke to Michael Pancook of DHS about the interaction of the family care program with the program of all-inclusive care for the elderly (PACE), and the Wisconsin partnership program in the care management organizations. He said that all care management organizations providing either the PACE or partnership program benefits also have a contract to provide family care. He also stated that PACE and partnership will continue to exist through the family care expansion, but PACE and partnership do have different eligibility requirements from family care. You may want to confirm with Michael Pancook or someone from DHS that this draft complies with what their budget request intended.

Please note that I changed some cross-references to family care in other sections of the statutes to reflect an expanded ability to provide PACE and partnership, which I am calling an "integrated benefit." I did not change all statutory references to family care to incorporate the integrated benefit. For example, I did not change the references in chapter 20 regarding the appropriations to family care and the other programs. Please advise as to whether I should make changes to references to family care throughout the statutes.

Should you have any questions or comments on the draft, please contact me.

Tamara J. Dodge
Legislative Attorney
Phone: (608) 267-7380
E-mail: tamara.dodge@legis.wisconsin.gov

Dodge, Tamara

From: Fox, Sabrina E - DOA [Sabrina.Fox@wisconsin.gov]
Sent: Wednesday, December 17, 2008 2:30 PM
To: Dodge, Tamara
Subject: FW: LRB Draft: 09-0376/P1 Family care eligibility and expansion, disability ombudsman, intensive treatment program charge-backs, rule-making changes
Attachments: 09-0376/P1.pdf; Re: LRB Stat Changes

Hello Tamara:

My name is Sabrina Fox and I am the new long term care analyst with the State Budget Office.

Please see the attached changes from DHS regarding the attached stat language draft. Please don't hesitate to let me know if you have any questions regarding these comments.

Thanks,
Sabrina

From: Fox, Sabrina E - DOA
Sent: Tuesday, December 09, 2008 1:48 PM
To: Fox, Sabrina E - DOA
Subject: FW: LRB Draft: 09-0376/P1 Family care eligibility and expansion, disability ombudsman, intensive treatment program charge-backs, rule-making changes

From: Willing, Krista - DOA
Sent: Tuesday, December 02, 2008 10:14 AM
To: Fox, Sabrina E - DOA
Subject: FW: LRB Draft: 09-0376/P1 Family care eligibility and expansion, disability ombudsman, intensive treatment program charge-backs, rule-making changes

From: Henry, Patty [mailto:Patty.Henry@legis.wisconsin.gov]
Sent: Wednesday, November 26, 2008 8:59 AM
To: Willing, Krista - DOA
Cc: Gauger, Michelle C - DOA; Hanaman, Cathlene - LEGIS; Beadles, Kathleen - DOA
Subject: LRB Draft: 09-0376/P1 Family care eligibility and expansion, disability ombudsman, intensive treatment program charge-backs, rule-making changes

Following is the PDF version of draft 09-0376/P1.

12/17/2008

Dodge, Tamara

From: Pancook, Michael J - DHS
Sent: Wednesday, December 17, 2008 12:53 PM
To: Fox, Sabrina E - DOA
Cc: Forsaith, Andrew C - DHS; Megna, Richard H - DHS; Gauger, Michelle C - DOA
Subject: Re: LRB Stat Changes
Attachments: FW: LRB Draft: 09-0398/1 Nursing home bed transfers; FW: LRB Draft: 09-0376/P1 Family care eligibility and expansion, disability ombudsman, intensive treatment program charge-backs, rule-making changes

Sabrina-

We had the following changes that need to be made to the LRB drafts

1.) Substitute the following revised paragraph for section 77 in the draft. This language better describes the billing process for Family Care ITP clients:

SECTION 77. 51.437 (4rm) (d) of the statutes is created to read:

51.437 (4rm) (d) Notwithstanding pars. (a) to (c), for individuals receiving the family care benefit under s. 46.286, the care management organization that manages the family care benefit for the recipient shall pay the portion of the payment that is for services included within the family care benefit; the department shall pay the remaining portion of the payment.

2.) To implement the slower waitlist enrollment plan, we need to amend s. 46.286(3)(c) to change the date at which entitlement kicks in from 24 months after the MCO implements to 36 months after it implements. This should apply to MCOs that implement in CY 08 or later.

Michael

Michael Pancook
 Budget and Policy Analyst
 Office of Policy Initiatives and Budget
 Wisconsin Department of Health Services
 608 266-9364
 Michael.Pancook@dhfs.wisconsin.gov

NOTICE: This email and any attachments may contain confidential information. Use and further disclosure of the information by the recipient must be consistent with applicable laws, regulations and agreements. If you received this email in error, please notify the sender; delete the email; and do not use, disclose or store the information it contains.

12/17/2008

From: Fox, Sabrina E - DOA
Sent: Tuesday, December 09, 2008 1:50 PM
To: Pancook, Michael J - DHS
Subject:

Hi Michael:

Attached are two stat language drafts from the LRB. Can you please review these drafts and confirm that these meet the intent of your requests? Additionally, please see the notes within the draft relating to the Family Care technical changes draft. Please don't hesitate to let me know if you have any questions.

Thanks,
Sabrina

Sabrina Fox
Health and Insurance Team
Division of Executive Budget and Finance
(608)266-8593
Sabrina.Fox@wisconsin.gov